



**Commonwealth of Massachusetts
Executive Office of Health and Human Services**

**New User Request & Account Modification
Form for Virtual Gateway Access**

Instructions:

- Save document as YourOrganizationName.MMDDYYYY (ex. EOHHS.101062006)
- Fill in form, one row per user role, Save changes
- Email completed form to:
VirtualGatewayHelpDeskFaxes@massmail.state.ma.us

Questions? Call the EOHHS Virtual Gateway Help
Desk 1-800-421-0938

(One row per role)

					(Check One)		
User's Full Name: First, Last	User PIN Last 4 Digits of SSN or MMDD of Birth	Work E-mail Address	Work Phone Number	Role Requested	Add	Modify	Deactivate
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
					<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

I HEREBY CERTIFY THAT I AM THE DULY AUTHORIZED ACCESS ADMINISTRATOR FOR MY ORGANIZATION OR AGENCY, AND THAT ALL OF THE INFORMATION I AM PROVIDING TO VIRTUAL GATEWAY OPERATIONS IS ACCURATE AND COMPLETE.

Access Administrator Name		Organization Full Name	
Access Administrator Email Address		Organization ID Number	
Date			